



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ELEVATOR / ESCALATORS AND RELATED EQUIPMENT REPORT OF INSPECTION INSTRUCTIONS

TDLR-registered elevator inspectors must use the current Department-approved Elevator Equipment Report of Inspection ("Inspection Report") to report inspections of existing equipment and final inspections of new or altered equipment. If additional pages are needed, the inspector must use the Department-approved "Additional Inspection Report Page."

All sections of the form must be completed, and the inspector and the owner or owner's agent must sign the form. All information provided must be typed or printed legibly. **No sections may be left blank.**

The inspector must ensure that all information on the Inspection Report accurately reflects the current building or facility and the equipment being inspected. The owner or the owner's agent must complete the sections with the name and contact information of the owner and the building contact.

An Inspection Report that is missing information is not considered complete and will not be processed until all required sections are completed by the inspector and the owner. Submission of an Inspection Report with missing information or missing supporting documentation may result in delay of the issuance of a certificate of compliance and may subject the inspector and/or the owner to enforcement proceedings.

1. **UNIT #** ____ of ____ - Indicate which unit number of the total number of units to be inspected under a single ELBI number. A separate Inspection Report must be used for each unit / decal number.
2. **ELBI #** - Verify and list the ELBI number assigned to this building by TDLR.
3. **DECAL #** - Verify and list the decal number for the specific unit of equipment being inspected. A separate Inspection Report must be used for each decal number. If a new decal number is replacing an old decal number for an existing ELBI, identify the old decal number in the "Comments" section (Item # 18 on the form).
4. **REMOVED FROM SERVICE DATE** - Provide date equipment was rendered inoperative in accordance with standards adopted in §74.105.
5. **BUILDING INFORMATION** - Specify the building name, building designation, and the physical location of the building. Use the building designation field to identify the specific location of the equipment within a single building / ELBI. Examples: Tower 1 or Tower 2; Building A, B, or C; North Wing or South Wing.
6. **MANUFACTURER** - Provide the name of the Manufacturer.
7. **MODEL TYPE** - Provide the name of the Model Type.
8. **SERIAL NUMBER** - Provide the Serial Number.
9. **TYPE OF UNIT** - Check the box indicating the type of unit. The options are: "Pass" (Passenger Elevator); "Esc" (Escalator); "M.W." (Moving Walks); Frt. (Freight Elevator); "W.L." (Wheelchair Lift); "LULA" (Limited Use, Limited Application); or "Other." If the answer is "Other," please specify.
The Freight Elevator box may only be checked if the equipment has bi-parting or vertically sliding doors or gates. This box cannot be checked if it is a passenger elevator (or other type of equipment) that the owner is using as a freight elevator.
10. **DRIVE MACHINE** - Check the box indicating the type of drive machine. The options are: "Electric;" "Hydraulic;" or "Other." If the answer is "Other," please specify.
11. **YEAR INSTALLED** - Indicate the year the equipment was initially installed.
12. **YEAR ALTERED** - Indicate the year of the most recent alteration of this equipment. If the equipment has not been altered, mark the box "N/A" (not applicable).
13. **NUMBER OF FLOORS** - Indicate the number of floors in building.

14. **SPEED** - Indicate speed of the equipment.
15. **CAPACITY** - Indicate capacity of the equipment.
16. **NUMBER OF CAR OPENINGS** - Indicate number of car openings for equipment (ex; One car door = 1 opening, Two car doors = 2 openings...).
17. **DUE DATE FOR NEXT 5 YEAR SAFETY TEST** - If required by the adopted standard referenced in Administrative Rule 74.100, to have a category 5 test performed, the year of the next 5 year test shall be indicated. If the equipment does not require a 5 year test, mark N/A.
18. **TEST DATA TAGS** - Check the box "Yes" or "No" to indicate whether the test data tag was in place at the time of the inspection. If the answer is "No," the inspector must affix a test data tag.
19. **TYPE OF INSPECTION** - Check the appropriate box(es) indicating the type of inspection(s) being conducted. The options are: Annual; New Installation; Alteration; Re-inspection; Accident; or 5-Year Test. If the answer is "Other," please specify the reason or type of inspection. At least one of these boxes must be checked. A certificate of compliance will only be issued when an Annual or New Installation inspection is performed.
20. **LIST OF VIOLATIONS** - Indicate the rule; the code year; a description of the violation; and whether the violation is a repeat violation from the last Inspection Report. Use the Department-approved "Additional Page Inspection Report Page, ELE002a" if additional pages are necessary. If ELE002a is used place a check in the box.
- In the "Rule" box, list the TDLR statute or rule reference or ASME or ASCE Code reference for the specific violation.
 - In the "Code Year" box, list the year of the applicable ASME or ASCE code, or write "N/A" if citing a TDLR statute or rule violation.
 - In the "Violations" box, describe the specific violation in detail, noting the requirement and the specific reason(s) the equipment does not comply with the applicable code requirement.
 - In the "Repeat" box, check the box if the violation is a repeat violation cited in the previous inspection. The Inspector must review the previous Inspection Report in order to determine whether a specific violation is a repeat violation. The previous inspection report may be reviewed at: <http://www.tdlr.texas.gov/ElevatorSearch>. Corrections for repeat violations can only be verified by an inspector. **The inspector must provide documentation with the Inspection Report to the Department showing that the repeat violation has been corrected.**
21. **COMMENTS** - If comments need to be included in the report use the Department-approved "Additional Inspection Report Page, ELE002A" and place a check in the box.
22. **INSPECTOR'S SIGNATURE** - The inspector must certify that this is a true report of the inspector's inspection and that the information on the report is correct. **The inspector must type or legibly print the inspector's TDLR registration number and name. The inspector must sign and date the form with the date the inspection was completed. The inspector cannot sign as the owner's agent if the inspector performed the inspection of the equipment.** The inspector must verify that all sections are completed except those to be completed by the owner (boxes 23, 24 and 25), before signing and submitting the Inspection Report to the owner.
23. **OWNER CONTACT INFORMATION** - **The owner or owner's agent must print or type the name of the current owner and the owner's phone number, a business email address from your letterhead, business card, cover sheet, printed documents or other documents made available to the public, and mailing address.** Please do not include any private or personal email addresses. The owner must verify the information in boxes 23, 24 and 25 is correct before signing and notify the inspector if updates are necessary.
24. **BUILDING CONTACT INFORMATION** - **The owner or owner's agent must specify the current building or facility contact person (preferably onsite), and the contact's phone number, a business email address from your letterhead, business card, cover sheet, printed documents or other documents made available to the public, and mailing address.** Please do not provide private/personal email addresses since this information may be subject to public disclosure.
25. **OWNER'S SIGNATURE** - **The owner or owner's agent must certify:** (1) that all violations cited by the inspector (if any) have been corrected, are under contract to be corrected, or that the owner has an approved waiver or delay; and (2) that the owner understands that a certificate of compliance cannot be issued if the Inspection Report is incomplete or if any required supporting documentation is not included. The owner or owner's agent must designate whether all correspondence including legal notices should be sent to the owner or to the building contact. **The owner or owner's agent must complete item 23, 24 and 25.** The inspector who performed the inspection cannot sign as the owner's agent. Place a check in the box where you want all correspondence including legal notices will be sent.

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**ELEVATOR / ESCALATOR AND RELATED EQUIPMENT
REPORT OF INSPECTION**

PURSUANT TO CHAPTER 754, HEALTH AND SAFETY CODE

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.**INSPECTION DATA - TO BE COMPLETED BY INSPECTOR****FILING FEE: \$20 PER UNIT**

1. Unit # _____ of _____	2. ELBI #: _____	3. Decal #: _____	4. Removed from Service Date: _____	
5. Building Name: _____			Building Designation: _____	6. Manufacturer: _____
Building Physical Address: _____				7. Model Type: _____
Number, Street, Suite No, Apt. No _____ City _____ ZIP _____				8. Serial #: _____
9. Type of Unit: (check one) <input type="checkbox"/> Pass <input type="checkbox"/> Esc. <input type="checkbox"/> M.W. <input type="checkbox"/> Frt. <input type="checkbox"/> W.L. <input type="checkbox"/> LULA <input type="checkbox"/> Other (specify) _____				
10. Drive Machine: (check one) <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify) _____		11. Year Installed _____	12. Year Altered _____	13. # of Floors: _____
		14. Speed: _____	15. Capacity: _____	16. # of Car Openings: _____
17. Due Date for Next 5 Year Safety Test: _____		19. Type of Inspection (check all that apply) <input type="checkbox"/> A - Annual <input type="checkbox"/> B - New Installation or Returned to Service <input type="checkbox"/> C - Alteration <input type="checkbox"/> D - Re-inspection <input type="checkbox"/> E - Accident <input type="checkbox"/> F - 5 Year Test <input type="checkbox"/> Other _____		
18. Test Data Tag in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No				
20.#	Rule	Code Year	Violations (Use page ELE002a if additional pages are necessary)	<input type="checkbox"/> Check box if ELE002a is attached. Repeat

21. Comments: Use the ELE002a (additional information form) for any comments needed.

22. INSPECTOR SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify this is a true report of my inspection. I further certify that the information on this report is correct.

TDLR INSP LIC# _____ Inspector Name Printed _____ Inspector Signature _____ Date Inspection Completed _____

CONTACT INFORMATION - TO BE COMPLETED BY OWNER OR OWNER AGENT

23. Owner Name: _____		Contact Phone Number: _____ (_____) _____ Area Code Phone Number	
Owner's Business/Public Email Address: _____ (Ex: johndoe@yourcompanyemail.com) See instruction sheet for disclosure information	Owner Mailing Address: _____ Number, Street, Suite No, Apt. No _____ City _____ State _____ Zip _____		
24. Building Contact Name: _____		Contact Phone Number: _____ (_____) _____ Area Code Phone Number	
Building Contact Business/Public Email Address: _____ (Ex: johndoe@yourcompanyemail.com) See instruction sheet for disclosure information	Building Contact Mailing Address: _____ Number, Street, Suite No, Apt. No _____ City _____ State _____ Zip _____		

25. OWNER OR OWNER AGENT SIGNATURE IS REQUIRED FOR CERTIFICATE PROCESSING

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected OR I have obtained a waiver or delay. All contact information above is accurate and all required documents and fees are attached. I understand that a certificate of compliance cannot be issued if the Inspection Report is incomplete or any supporting documentation is missing.

Owner or Owner Agent Name Printed _____ Owner/Agent Signature _____ Date _____

All correspondence including legal notices will be sent to (check box): ☐ Owner Address ☐ Building Contact Address